



REQUEST TO INSPECT OR COPY PUBLIC RECORDS

Request No: _____

Date Stamp Received:

RETURN COMPLETED FORM TO:

**ATTN: PUBLIC RECORDS OFFICER
100 W. BROADWAY, SUITE 33
MONTESANO, WA 98563**

Or Submit by Email to:
PublicRecords@co.grays-harbor.wa.us

It is the policy of Grays Harbor County that ALL records are available for public disclosure unless specifically exempted. This form will be used to process requests and ensure compliance with our policy and Washington State's Public Records Act (Chapter 42.56 RCW).

Today's Date: _____

Requester Name: _____

Requester Address: _____

Requester Phone: _____

Requester Email: _____

Requester Company: _____

IDENTIFICATION OF RECORDS REQUESTED: Please include as much identifying information as possible and the type of records requested; (if applicable please include a parcel number, court case number, date range, department (if known) and names):

Upon locating responsive documents, I request:

Onsite inspection

Receive a Print Copy

Receive Electronic Copy (where possible)

Limitation On Use For Commercial Purposes Washington State law, RCW 42.56.070(8), prohibits the use of lists of individuals for commercial purposes. "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. By signing below, you are certifying that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Dated this ____ day of _____, 20__, at _____, _____ (city and state)

Requester Signature: _____

Printed name: _____

Fees for records shall be in accordance with the County's policy and RCW 42.56.070(9).